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OMB Number:

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

Expires: November 30, 2001 Estimated average burden

hours per response 16.00

OMB APPROVAL

3235-0076

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D55 SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

<u> </u>	SEC USE ONLY								
Prefix		Serial							
	DATE R	ECEIVED							

Name of Offering (che Plutus Convertible Hedge			s changed, and ind	icate chan	ge.)		
Filing Under (Check box(e		□ Rule 504	□ Rule 505	⊠ R	ule 506	☐ Section 4(6)	□ ULOE
Type of Filing:	■ New Filing	☐ Amendment					
		A. BASIC I	DENTIFICATI	ON DA	TA		
1. Enter the information re	equested about the is	suer		-			
Name of Issuer (□ check i Plutus Convertible Hedge			anged, and indicate	change.)			
Address of Executive Office Walker House, Mary Streams		Number and Street, George Town, G			Telephone	Number (Including	Area Code)
Address of Principal Busin (if different from Executive	•	Number and Street	, City, State, Zip Co	ode)	Telephone	Number (Including	Area Code)
Brief Description of Busin	ess					PK	OCEO05
Investment fund Type of Business Organiza	etion					ال ()	JN 0 1 2004
☐ corporation ☐ business trust	🗵 limi	ted partnership, alreted partnership, to	•		other (ple	ease specify):	THOMSON FINANCIAL
Actual or Estimated Date of Jurisdiction of Incorporation CN for Canada; FN for	on or Organization:	organization: 0 (Enter two-letter)	Month Year 2 0 4 er U.S. Postal Servi		ctual iation for St	☐ Estimated rate:	N

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of 10% or more of a class of equity securities of the

issuer;	-	e insuers and of comperts	•			•
 Each executive officer and d Each general and managing j 	•		general and managing pa	irmers of parmersi	iip issue	ers; and
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	X	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					· · ·
Plutus General Partner Inc.						
Business or Residence Address	•	treet, City, State, Zip Code	,			
Walker House, Mary Street, PC						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Member
Full Name (Last name first, if ind Nicolas Salloum	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Code	e)			
Walker House, Mary Street, PO	Box 908GT, Ge	orge Town, Grand Caym	an, Cayman Islands			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Member
Full Name (Last name first, if ind Nabil Debs	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Walker House, Mary Street, PC	Box 908GT, Ge	orge Town, Grand Caym	an, Cayman Islands			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Member
Full Name (Last name first, if ind Ronald J. A. de Graaf	ividual)	<u> </u>				
Business or Residence Address Walker House, Mary Street, PC	**	treet, City, State, Zip Codorge Town, Grand Caym	•			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	. •				
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
	(Use blank shee	t, or copy and use addition	nal copies of this sheet, as	s necessary.)		American Company of the Market State of the Company
Business or Residence Address	- <u>-</u>			s necessary.)		

						-						
				B. IN	FORMAT	TION AB	OUT OF	FERING				
1. Has t	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.							Yes □	No 🗵			
2. What	2. What is the minimum investment that will be accepted from any individual?									* unless waived		
3 Does	the offering	a nermit ioi	nt ownerchi	n of a single	unit?						Yes ⊠	No □
4. Enter comma per states broke	the information or some to be list, list the representations.	nation requimilar remusted is an aname of the you may se	ested for ea neration for ssociated pe broker or d at forth the in	solicitation rson or age lealer. If me	who has be n of purchase nt of a broke ore than five	een or will ers in conne er or dealer e (5) person	be paid or ection with s registered v s to be liste	given, dire sales of secu	ectly or ind crities in the C and/or wi	lirectly, any coffering. If th a state or as of such a		
Full Nan	ne (Last nan	ne first, if in	idividual)									
Business	or Residen	ce Address	(Numbe	er and Stree	t, City, State	e, Zip Code)	<u> </u>					
Name of	Associated	Broker or I	Dealer								· · · · · · · · · · · · · · · · · · ·	
States in	Which Pers	son Listed F	Ias Solicited	or Intends	to Solicit Pr	urchasers						
										•••••	DAll States	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nan	ne (Last nan	ne first, if in	idividual)									
Business	or Residen	ce Address	(Numbe	er and Stree	t, City, State	e, Zip Code)					
Name of	Associated	Broker or I	Dealer									
States in	Which Per	son Listed F	las Solicited	or Intends	to Solicit P	urchasers						
(Chec	k "All State	s" or check	individual S	States)								All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nan	ne (Last nar	ne first, if ir	ndividual)									
Business	or Residen	ce Address	(Numbe	er and Stree	t, City, State	e, Zip Code)					
Name of	Associated	Broker or I	Dealer		· · · · · · · · · · · · · · · · · · ·							
States in	Which Per	son Listed F	las Solicited	or Intends	to Solicit P	urchasers						
(Check "All States" or check individual States)								All States				
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this				
	box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		ate Offering Price	Amo	unt Already Sold
	Debt			\$	0
	Equity			s	0
	□ common □ Preferred	Ψ	<u>~_</u>	-	<u>×</u>
	Convertible Securities (including warrants)	•	0	¢	0
	Partnership Interests		0,000,000	\$ \$	
	Other (Specify)	_	0		0
	Total			\$ \$	
				₽	
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		-	lumber vestors	Dol	ggregate lar Amount Purchases
	Accredited Investors		0	\$	0
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		0	S	0
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	т	Type of	Dol	lar Amount
	Type of Offering		ecurity	Doi	Sold
	Rule 505		0	s	0
	Regulation A		0	s	0
	Rule 504		0	\$	0
	Total		0	<u> </u>	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			Υ <u></u>	
	Transfer Agent's Fees			\$_	0
	Printing and Engraving Costs			\$_	0
	Legal Fees		X	\$_	20,000
	Accounting Fees		区	\$_	5,000
	Engineering Fees			\$_	0
	Sales Commissions (specify finders' fees separately)			\$_	
	Other Expenses (identify)			\$_	
	Total		X	\$_	25,000

C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND	USE O	F PROCE	EDS
b. Enter the difference between the aggregate of Question 1 and total expenses furnished in redifference is the "adjusted gross proceeds to				\$ 99,975,000
Indicate below the amount of the adjusted gross proc for each of the purposes shown. If the amount for any check the box to the left of the estimate. The total gross proceeds to the issuer set forth in response to Pa	purpose is not known, furnish an estimate and of the payments listed must equal the adjusted			
		Officer	ments to rs, Directors Affiliates	Payments To Others
Salaries and Fees		□ \$	0	□ \$ <u>0</u>
Purchase of real estate		□ \$	0	□ s <u> </u>
Purchase, rental or leasing and installation of machin	nery and equipment	□ s	0	□ \$ <u>0</u>
Construction or leasing of plant buildings and facilit	ies	□ \$	0	□ s <u>0</u>
Acquisition of other businesses (including the value	of securities involved in this offering that may			
be used in exchange for the assets or securities of an			0	□ \$ <u> </u>
Repayment of indebtedness		□ \$	0	□ \$ <u>0</u>
Working capital		□ \$	0	□ \$ <u>0</u>
Other (specify) Investment in underlying funds	and payment of ongoing expenses	□ \$	0	⊠ \$ <u>99,975,000</u>
Column Totals		□ \$	0	□ \$ <u> </u>
Total Payments Listed (column totals added)			⊠\$ 99	<u>,975,000</u>
	D. FEDERAL SIGNATURE			
the issuer has duly caused this notice to be signed by the ignature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accredited	sh to the U.S. Securities and Exchange Commiss	ion, upo		
Issuer (Print or Type)	Signature		Date	
Plutus Convertible Hedge Europe Fund L.P.	Afth		May	1, 2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)			· · · · · · · · · · · · · · · · · · ·
NICOLPS & ALLOYM	DIRECTUR OF CHICKAL PAR	THER		